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**IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

CARL A. COMBS
xxx-xx-3662

Plaintiff,

v.

MICHAEL J. ASTRUE
Commissioner of Social Security
of the United States of America,

Defendant.

Case No.

**MOTION TO PROCEED
IN FORMA PAUPERIS
AND APPLICATION**

MOTION TO PROCEED IN FORMA PAUPERIS

Plaintiff, Carl A. Combs, moves the court for an order pursuant to 28 United States Code § 1915 permitting him to proceed with his action against the Social Security Administration without payment of fees or security. In support of his motion, Mr. Combs submits a completed Application to Proceed in Forma Pauperis attached to this motion.

Dated: March 28, 2008

Respectfully submitted,

LAW OFFICE OF
BESS M. BREWER & ASSOCIATES

By: _____
BESS M. BREWER
Attorneys for Plaintiff

Clear Form

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

CARL A. Combs

Plaintiff,

vs.

Defendant.

CASE NO. _____

**APPLICATION TO PROCEED
IN FORMA PAUPERIS**
(Non-prisoner cases only)

I, Carl Combs, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

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5 2. Have you received, within the past twelve (12) months, any money from any of the
6 following sources:

7 a. Business, Profession or Yes ___ No X
8 self employment?

9 b. Income from stocks, bonds, Yes ___ No X
10 or royalties?

11 c. Rent payments? Yes ___ No X

12 d. Pensions, annuities, or Yes ___ No X
13 life insurance payments?

14 e. Federal or State welfare payments, Yes ___ No X
15 Social Security or other govern-
16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount
18 received from each.

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21 3. Are you married? Yes ___ No X

22 Spouse's Full Name: _____

23 Spouse's Place of Employment: _____

24 Spouse's Monthly Salary, Wages or Income: _____

25 Gross \$ _____ Net \$ _____

26 4. a. List amount you contribute to your spouse's support: \$ _____

27 b. List the persons other than your spouse who are dependent upon you for support
28 and indicate how much you contribute toward their support. (NOTE: For minor

children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

5. Do you own or are you buying a home? Yes ☐ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ☒ No ☐

Make Ford Taurus Year 1998 Model Taurus

Is it financed? Yes ☒ No ☐ If so, Total due: \$ owe \$1000.00

Monthly Payment: \$ 175.00

7. Do you have a bank account? Yes ☐ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ☐ No ☐ Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☐ No ☐

8. What are your monthly expenses?

Rent: \$ 350.00 live with family member Utilities: G.A. pays it

Food: \$ 150.00 Food Stamps Clothing: 0

Charge Accounts: 0

G.A. is county general assistance

Name of Account	Monthly Payment	Total Owed on This Account
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

Car Payment

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10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☐ No ☒

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

2-27-08

DATE



SIGNATURE OF APPLICANT

